

Name _____ Phone _____

Address _____

City _____ Zip Code _____

Email _____ Birth Date: _____

Are you under the age of 18? Yes* No

*Volunteers under the age of 18 must have written consent by a parent or guardian (see reverse side).

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Why do you want to volunteer at the Ogden Farmers' Library (please be specific—for example, if it's for school, what class/project/club)?

Please check one:

 I would like to volunteer only to fulfill my volunteer hours for school, work, etc..

If short term, please indicate how many hours you need: _____

 I would like to volunteer regularly at the library over the next year or even longer-----
I'd like to help in the following ways (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Summer Reading Table | <input type="checkbox"/> Helping younger people |
| <input type="checkbox"/> Summer Reading Programs | <input type="checkbox"/> Helping older people |
| <input type="checkbox"/> Library Book Sale | <input type="checkbox"/> Clerical support (fold brochures, sharpen pencils) |
| <input type="checkbox"/> Cleaning/dusting | <input type="checkbox"/> Creating artwork for the library |
| <input type="checkbox"/> Organizing supply cupboards | <input type="checkbox"/> Using or assisting others with computers/tablets |
| <input type="checkbox"/> Helping at events (set up/take down) | <input type="checkbox"/> Writing book reviews |
| <input type="checkbox"/> Choosing library books/events/furniture | |
| <input type="checkbox"/> Creating book displays | |
| <input type="checkbox"/> Seasonal decorating | |

GRADUATION YEAR:

Please list your volunteer availability and time preferences:

Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	_____	Saturday	_____

REFERENCE INFORMATION:

Please provide either a personal or a professional reference

Name: _____ Relationship: _____

Phone: _____

EMERGENCY CONTACT:

Please provide a personal contact in case of an emergency

Name: _____ Relationship: _____

Phone: _____

Waiver of Liability: The undersigned hereby waives, releases and discharges the Library Administration, Library Board of Trustees, and their respective agents, officials, insurers, lessees, employers, and representatives from all liability for death, personal injury, or damage to property suffered by the undersigned in connection with any and all activities engaged in connection with performing volunteer duties at the Ogden Farmers' Library.

Applicant Signature

Date

PARENT/GUARDIAN CONSENT (for volunteers under age 18)

I am the parent /guardian of _____

and I give permission for the above applicant to volunteer in the capacity indicated by the volunteer task preferences noted on this application.

Phone _____ E-mail _____

Parent/Guardian Signature

Date

PLEASE BRING COMPLETED APPLICATION TO YOUR ORIENTATION.

Contact Caitlin, Teen Services Librarian, for more information at ccrilly@ogdenlibrary.com

| 585-617-6181 | www.ogdenlibrary.com/volunteer